

Image# 12970527640

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mr Robert James Dold Jr			2. Candidate's FEC Identification Number H0IL10302	
(b) Address (number and street) 500 Park Dr			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Kenilworth IL 60043-1005			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate IL 10		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Dold for Congress		
(b) Address (number and street) PO Box 8145		
(c) City, State, and ZIP Code Northfield VA 60093-8145		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Illinois Majority Fund		
(b) Address (number and street) PO Box 365		
(c) City, State, and ZIP Code McLean VA 22101		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Mr Robert James Dold Jr  [Electronically Filed]	Date 02/29/2012
---------------------------------------------------------------------------------	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

FEC Form 2 (Rev. 02/2003)

Page 2 / 2

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Freshman Class JFC

(b) Address (number and street)

228 S Washington St Ste 115

(c) City, State and ZIP Code

Alexandria

VA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Schilling Dold Next Generation Committee

(b) Address (number and street)

367 AVE OF THE CITIES SUITE D

(c) City, State and ZIP Code

EAST MOLINE

IL

61244

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code